



Account Adjustment Request Form  
Water Resources Department

623-349-6100

This form is not a guarantee that a credit will be applied to your utility account. You will be notified when a determination is made. Disputing a bill or contacting the city regarding a bill shall not relieve the customer of the obligation to make timely payment as specified in section 17-2-3 of the City's Municipal Code.

Customer Name:	Account #:
Service Address:	Daytime Contact Phone #:
Reason for Adjustment: Please circle one:	Fee Adjustment                      Other
Today's Date:	Date of Billed Invoice:

Please describe below the justification for your adjustment request (use extra sheets if needed):

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UNDER PENALTIES OF PERJURY, I DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
THE INFORMATION STATED ABOVE IS TRUE, CORRECT AND COMPLETE

SIGNATURE AND DATE:

Office use only: Received by and Date: